2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000024748

1. Entity Name BRIGHTON MANOR APARTMENTS, LLC



FILED Mar 30, 2005 8:00 am Secretary of State 03-30-2005 90164 048 ****50.00

Principal Place of Business S150 SW, 871H AVENUE, SUITE #205 S150 SW, 971H AVENU			•								
Suite, Apt. #, etc. A	9150 S.W. 87TH AVENUE, SUITE #205		9150 S.W. 87TH AVENUE, SUITE #205								
City & State	2. Principal Place of Business		3. Mailing Address								
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E083	3 (10/03)		
Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Speed Required Speed Required Required Speed Required S	City & State		City & State			4. FEI Number	813390	· ·			
Name	Zip	Country	Zip	Zip Count				□ \$			
STEET ADDRESS OTY-ST-ZP TITLE NAME STITEST ADDRESS OTY-ST-ZP TITLE N		6. Name and Address of Current I	egistered Agent			7. Name and	Address of New F	Registered Ag	ent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Spoulure Spou	15105 NW	77TH AVENUE, SUITE 303	Street Address		Street Address ((P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and atter special agent. SiGNATURE Signature, typed or printed name of registered agent and atter specialized. (MOTE Registered Agent agreet and state of specialized.) Pilling Foe Is \$50.00 Make check payable to Plorida Department of State		120,12 00011			City				Zip Code	 -	
THE Delete NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADD					l						
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9.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
9.									·		
MILE MAME MIAMI MANAGEMENT ASSOCIATES, LLC Delete NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 Delete NAME NAM										•	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver prusing empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTED IN THE PROPERTY OF THE PROPERTY

305-595-1518